

RECEIVED  
AUG 26 2013  
S.D. SEC. OF STATE

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-2797

**APPLICATION FOR  
CERTIFICATE OF AUTHORIZATION TO  
PROVIDE POSTSECONDARY EDUCATION**

Please mark the appropriate box:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> INITIAL APPLICATION | <input type="checkbox"/> CHANGE OF PRIMARY ADDRESS                 |
| <input type="checkbox"/> CHANGE OF NAME                 | <input type="checkbox"/> CHANGE IN ADDITIONAL SITES (ATTACHMENT A) |
| <input type="checkbox"/> CHANGE IN ACCREDITATION        | <input type="checkbox"/> OTHER CHANGE(S)                           |

1. Name of Applicant (*the institutional name under which postsecondary educational programs are provided*):  
Riverside Community College District (with affiliated colleges: Norco College, Riverside City College, Moreno Valley College)

2. Applicant's Main Address (*Additional sites listed on Attachment A*):

1533 Spruce Street

(Street Address)

Riverside

(City)

CA

(State)

92507

(ZIP Code)

<http://www.rccd.edu>

(Website)

3. Contact Person:

Glen Brady

(Name)

(951) 222-8561

(Telephone Number)

[glen.brady@rccd.edu](mailto:glen.brady@rccd.edu)

(Email Address)

Dir., Distance Ed./Open Campus

(Title)

(951) 686-4122

(Fax Number)

4. Does the Applicant operate at other sites than the address stated above?

☒ YES

☐ NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5. Does the Applicant have a parent organization (*non-profit, corporate, or otherwise*)? ☐ YES ☒ NO

If "YES", please indicate the following:

\_\_\_\_\_  
(Parent Organization Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

☐ YES ☒ NO

If "NO", please indicate whether the Applicant is either (*check one of the following*):

- ☒ An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State California Agency California Community Colleges Chancellor's Office

Address 1102 Q Street #4

City Sacramento State CA Zip Code 95811

Contact Phone Number (916) 445-8752

Contact Website http://www.cccco.edu

- ☐ Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

- ☐ Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID \_\_\_\_\_

South Dakota Corporate Name \_\_\_\_\_

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

☒ YES

Accrediting Agency: ACCJC

10 Commercial Blvd., Suite 204

\_\_\_\_\_  
(Street Address)

Novato

\_\_\_\_\_  
(City)

CA

\_\_\_\_\_  
(State)

94949

\_\_\_\_\_  
(ZIP Code)

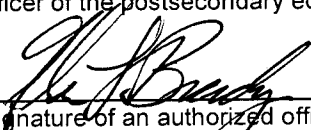
Effective date of most recent grant of accreditation: October 2009  
Term or expiration date of most recent accreditation: March 2014

☒ NO Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated 23 August 2013

  
(Signature of an authorized officer)

Glen L. Brady

(Printed name)

Director, Distance Education/Open Campus

(Title)

**Submit Application to:**  
South Dakota Secretary of State  
Corporations Division  
500 East Capitol, Suite 204  
Pierre, SD 57501

Or email us at:  
SOS.EDU@state.sd.us

### **Exemptions**

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

**ATTACHMENT A**

**ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS**

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. Norco College  
(Name)  
2001 Third Street  
(Street Address)  
Norco CA 92860  
(City) (State) (ZIP Code)
2. Riverside City College  
(Name)  
4800 Magnolia Avenue  
(Street Address)  
Riverside CA 92506  
(City) (State) (ZIP Code)
3. Moreno Valley College  
(Name)  
16130 Lasselle Street  
(Street Address)  
Moreno Valley CA 92551  
(City) (State) (ZIP Code)
4. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)